



Docket No. 0575/68548-PCT-US/JPW/LAD

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Shi Du Yan, et al.  
Serial No. : 10/577,382 Examiner: G. Emch  
Filed : February 11, 2008 Group Art Unit: 1649  
For : METHODS FOR REDUCING SEIZURE-INDUCED NEURONAL DAMAGE

Mail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Date: September 8, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

\_\_\_\_\_ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

\_\_\_\_\_ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

\_\_\_\_\_ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For <sup>1</sup>	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	23 -	* 24 =	*** 0 X	\$26	\$52	=		0
Indepen- -dent Claims	3 -	** 4 =	*** 0 X	\$110	\$220	=		0
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$195	\$390	=		0
				TOTAL ADDITIONAL FEE			\$	0

<sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

       One additional copy of this Amendment Transmittal Letter

  X   Return Receipt Postcard

       An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes        No       

and a fee of \$                      included)

  X   A Petition for an Extension of Time, including a fee of  
\$ 490.00 for a Petition for   2   Month(s) Extension of Time

  X   Other (identify): Copy of reference as (Exhibit A)

THE TOTAL FEE DUE IS \$ 490.00.

  X   A check in the amount of \$ 490.00 is enclosed.

       Please charge Deposit Account No.                      in the amount of  
\$                     .

  X   The Commissioner is hereby authorized to charge any additional fees  
required or credit any overpayment to Deposit Account No. 03-3125  
as follows:

  X   Fees under 37 C.F.R. §1.16 for the presentation of extra claims

  X   Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



John P. White

Registration No. 28,678

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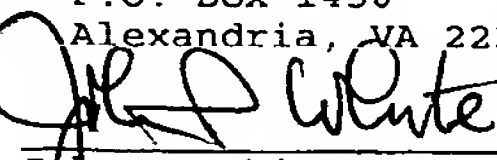
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I hereby certify that this  
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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

 9/8/09  
John P. White Date  
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